

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13990

FILED APR 28 1953

BIRTH NO. REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 5559 Registrar's No. 13

1. PLACE OF DEATH a. CITY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hutton Valley, Mo.				c. LENGTH OF STAY (in this place) 8 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hutton Valley, Missouri			
				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) LAWRENCE			b. (Middle) ABBOTT			c. (Last) BLACK	
4. DATE OF DEATH (Month) (Day) (Year) April 13, 1953							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 26, 1889	
9. AGE (in years) 63		10. MONTHS 3		11. DAYS 17		12. IF UNDER 1 YEAR Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber and Lumber				10b. KIND OF BUSINESS OR INDUSTRY Saw Mill		11. BIRTHPLACE (State or foreign country) Cumberland County, Ill.	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME John Riley Black				13b. MOTHER'S MAIDEN NAME Ilas Ann Vantassel		14. NAME OF HUSBAND OR WIFE Addie Black	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none				16. SOCIAL SECURITY NO. 495-10-3639		17. INFORMANT'S SIGNATURE OR NAME Owen Black, Hutton Valley, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA of the lung</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>163X</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-17</u> , 19 <u>53</u> , to <u>4-13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-9</u> , 19 <u>53</u> , and that death occurred at <u>11:00 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. C. C. Callahan M.D.</u>				23b. ADDRESS <u>West Plains, Missouri</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/18/53		24c. NAME OF CEMETERY OR CREMATORY Hutton Valley		24d. LOCATION (City, town, or county) (State) Hutton Valley Mo.	
DATE REC'D BY LOCAL REG. Apr. 25, 1953		REGISTRAR'S SIGNATURE <u>Marshall T. Ballard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Burns - Willow Springs, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

Working under my personal supervision.

Student
Student Embalmer

Signed J. C. Burns

Licensed Embalmer No. 3379

P. O. Address. Willow Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.